

DEC 20 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County LacleadeRegistration District No. 448Township UnionPrimary Registration District No. 5608City Phillipsburg

(No. ....)

File No. ....

49218

Registered No. 18

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

✓

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

✓

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10/11/36

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lacleade Co Mo

## FATHER MOTHER

## 13. NAME

Chas Otto Jones

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lacleade Co

## 15. MAIDEN NAME

Agnes Clayton

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lacleade Co

## 17. INFORMANT (ADDRESS)

C. O. Jones Phillipsburg Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE LehmanDATE 10/12/36

## 19. UNDERTAKER (ADDRESS)

W. E. Halman Lehman Mo

## 20. FILED

12-10 1936 Ann Montgomery Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/11/36

## 22. I HEREBY CERTIFY, That I attended deceased from

10-11, 1936, to 10-11, 1936I last saw him alive on born dead, 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Prolaps of Card

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. W. Sweeney(Address) Corrigan Mo.

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

